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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/917,222         | 07/27/2001          | Dan Granoff           | CHOR-001               |

Carol L. Francis  
Bozicevic, Field and Francis LLP  
Suite 200  
200 Middlefield Road  
Menlo Park, CA 94025



CONFIRMATION NO. 9605

## FORMALITIES LETTER



Date Mailed: 10/18/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

02/05/2002 SMINASS1 00000078 500815 09917222

FILED UNDER 37 CFR 1.53(b)

01 FC:101 740.00 CH  
02 FC:103 342.00 CH  
03 FC:102 336.00 CH  
04 FC:105 130.00 CH

## Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 710 to complete the basic filing fee for a non-small entity. If appropriate, applicant may make a written assertion of entitlement to small entity status and pay the small entity filing fee (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$1454.
  - \$864 for 48 total claims over 20.
  - \$320 for 4 independent claims over 3.
  - \$270 for multiple dependent claim surcharge.
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(l) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- **The balance due by applicant is \$ 2294.**

*A copy of this notice **MUST** be returned with the reply.*

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#6

PTO/SB/17 (10-01)  
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| FEE TRANSMITTAL<br>for FY 2002   |                 | Complete if Known                 |                 |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
|--|-----------------|-----------------------------------|-----------------|--|-----------------|-----------------|----------|-----|-----|-----|-----|------------------------|-----|-----|-----|-----|-----|-----------------------------------|--|-----|-----|-----|-----|---------------------------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|----|--|--|-----------------|--|--|--|--|-----|--|--|
| Patent fees are subject to annual revision.  |                 | Application Number                | 09/917,222      |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
|  |                 | Filing Date                       | July 27, 2001   |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
|  |                 | First Named Inventor              | GRANOFF, DAN    |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
|  |                 | Examiner Name                     | Unassigned      |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
|  |                 | Group Art Unit                    | 1645            |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
|  |                 | Attorney Docket No.               | CHOR-001        |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| TOTAL AMOUNT OF PAYMENT (\$)   |                 | 1658.00                           |                 |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| METHOD OF PAYMENT  |                 | FEE CALCULATION (continued)       |                 |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:<br>Deposit Account Number 50-0815<br>Deposit Account Name Bozicevic, Field & Francis LLP<br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27  |                 | 3. ADDITIONAL FEES                |                 |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 2. <input type="checkbox"/> Payment Enclosed:<br><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |                 |                                   |                 |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| FEE CALCULATION  |                 |                                   |                 |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 2. BASIC FILING FEE  |                 |                                   |                 |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| <table border="1"><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>740</td><td>201</td><td>370</td><td>Utility filing fee</td><td>740</td></tr><tr><td>106</td><td>330</td><td>206</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>510</td><td>207</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>740</td><td>208</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>160</td><td>214</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>740</td></tr></tbody></table>   |                 | Large Fee Code                    | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description | Fee Paid | 101 | 740 | 201 | 370 | Utility filing fee     | 740 | 106 | 330 | 206 | 165 | Design filing fee                 |  | 107 | 510 | 207 | 255 | Plant filing fee                      |  | 108 | 740 | 208 | 370 | Reissue filing fee                                 |  | 114 | 160 | 214 | 80 | Provisional filing fee                                     |  | SUBTOTAL (1)    |  |  |  |  | 740 |  |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code                    | Entity Fee (\$) | Fee Description  | Fee Paid        |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 101  | 740             | 201                               | 370             | Utility filing fee   | 740             |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 106  | 330             | 206                               | 165             | Design filing fee  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 107  | 510             | 207                               | 255             | Plant filing fee   |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 108  | 740             | 208                               | 370             | Reissue filing fee   |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 114  | 160             | 214                               | 80              | Provisional filing fee                                     |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| SUBTOTAL (1)   |                 |                                   |                 |  | 740             |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 1. EXTRA CLAIM FEES  |                 |                                   |                 |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| <table border="1"><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td><td></td></tr><tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2) \$</td><td>678</td></tr></tbody></table> |                 | Large Fee Code                    | Entity Fee (\$) | Small Fee Code   | Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18  | 203 | 9   | Claims in excess of 20 |     | 102 | 84  | 202 | 42  | Independent claims in excess of 3 |  | 104 | 280 | 204 | 140 | Multiple dependent claim, if not paid |  | 109 | 84  | 209 | 42  | ** Reissue independent claims over original patent |  | 110 | 18  | 210 | 9  | ** Reissue claims in excess of 20 and over original patent |  | SUBTOTAL (2) \$ |  |  |  |  | 678 |  |  |
| Large Fee Code   | Entity Fee (\$) | Small Fee Code                    | Entity Fee (\$) | Fee Description  | Fee Paid        |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 103  | 18              | 203                               | 9               | Claims in excess of 20                                     |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 102  | 84              | 202                               | 42              | Independent claims in excess of 3                          |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 104  | 280             | 204                               | 140             | Multiple dependent claim, if not paid                      |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 109  | 84              | 209                               | 42              | ** Reissue independent claims over original patent         |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| 110  | 18              | 210                               | 9               | ** Reissue claims in excess of 20 and over original patent |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| SUBTOTAL (2) \$  |                 |                                   |                 |  | 678             |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
| *or number previously paid, if greater; For Reissues, see above.   |                 | *Reduced by Basic Filing Fee Paid |                 |  |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |
|  |                 | SUBTOTAL (3) (\$)                 |                 | 240.00   |                 |                 |          |     |     |     |     |                        |     |     |     |     |     |                                   |  |     |     |     |     |                                       |  |     |     |     |     |  |  |     |     |     |    |  |  |                 |  |  |  |  |     |  |  |

| SUBMITTED BY      |                  | Complete (if applicable)          |            |           |                |
|-------------------|------------------|-----------------------------------|------------|-----------|----------------|
| Name (Print/Type) | Carol L. Francis | Registration No. (Attorney/Agent) | 36,513     | Telephone | (650) 327-3400 |
| Signature         |                  | Date                              | 01/16/2002 |           |                |

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| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing)  |  | Application Number   | 09/917,222    |
|  |  | Filing Date  | July 27, 2001 |
|  |  | First Named Inventor   | GRANOFF, DAN  |
|  |  | Group Art Unit   | 1645          |
|  |  | Examiner Name  | Unassigned    |
| Total Number of Pages in This Submission   | 18   | Attorney Docket Number   | CHOR-001      |
| <b>ENCLOSURES (check all that apply)</b>   |  |  |               |
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached  | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |               |
| <input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)  |  |  |               |
| <input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application Copy of the Formalities Letter<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |  |  |               |
| Remarks  |  |  |               |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>  |  |  |               |
| Firm or Individual Name  | CAROL L. FRANCIS, Reg. No. 36,513  |  |               |
| Signature  |  |  |               |
| Date   | January 16, 2002   |  |               |

|  |                     |      |                  |
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| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: January 16, 2002. |                     |      |                  |
| Typed or printed name  | Steven E. Goldstein |      |                  |
| Signature  |                     | Date | January 16, 2002 |

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